

Department of General Services Procurement Division Purchasing Authority Management Section			PRESCRIPTION DRUGS PURCHASED OUTSIDE OF THE PRESCRIPTION DRUG BULK PURCHASING PROGRAM QUARTERLY REPORT			FISCAL YEAR _____	
Purchasing Authority # _____ Department: _____ Purchasing Authority Contact Name: _____ Phone # (____) _____						REPORTING PERIOD - Check appropriate box <input type="checkbox"/> Q1: Jul. 1 through Sep. 30 <input type="checkbox"/> Q2: Oct. 1 through Dec. 31 <input type="checkbox"/> Q3: Jan. 1 through Mar. 31 <input type="checkbox"/> Q4: Apr. 1 through Jun. 30 <input type="checkbox"/> No transactions for the reporting period.	
Note: A copy of the executed purchase document for each line item must be submitted with this Quarterly Report.							
Item #	Purchase Document Date	Purchase Document Number	Amend #	Supplier Name, City and State	Total Order \$\$*	Description (Summarize if multiple lines per order)	DGS Use
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Grand Total					\$		

* Do not include sales tax and/or use tax.